



# EVACUATION DOCUMENTATION

OMB NO. 1405-0054  
EXPIRES: 00-00-00  
ESTIMATED BURDEN: 5 MIN.\*

NAME (LAST, FIRST, MIDDLE)				SOCIAL SECURITY NUMBER			NATIONALITY				
DATE OF BIRTH		PLACE OF BIRTH			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<input type="checkbox"/> PRIVATE U.S. CITIZEN <input type="checkbox"/> I.R. ALIEN <input type="checkbox"/> FOREIGN NATIONAL <input type="checkbox"/> PROBABLE U.S. CITIZEN <input type="checkbox"/> PROBABLE IMMEDIATE ALIEN <input type="checkbox"/> OTHER				
PASSPORT NUMBER		DATE ISSUED		PLACE ISSUED				SPECIAL NOTES			
ACCOMPANYING FAMILY MEMBERS						PROBABLE					
NAME		SEX	DATE OF BIRTH	RELATIONSHIP	US CITIZEN	I.R. ALIEN	OTHER				
EMERGENCY CONTACT (NAME, ADDRESS, PHONE NUMBER)											
AUTHORIZING OFFICIAL (SIGNATURE AND TITLE)											

## AUTHORIZATION FOR RELEASE OF INFORMATION UNDER THE PRIVACY ACT (See below):

I do hereby authorize the Department of State as well as U.S. Diplomatic and Consular Missions to release information concerning my welfare and emergency evacuation to: family, friends, individual members of Congress, members of the press, the general public (*strike out inapplicable items*).

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PROMISSORY NOTE:** I hereby promise to repay to the United States Government within 60 days after the signing of this note, and at an interest rate established in accordance with Federal Law, all expenses (including, but not limited to, transportation, subsistence, medical attention) incurred by the U.S. Government incident to my evacuation from

\_\_\_\_\_ to \_\_\_\_\_ on (date) \_\_\_\_\_.

I clearly understand that I am accepting evacuation of my own free will, at my own risk, that transport used may cost more than in normal circumstances and may not comply with normal international and safety regulations, that in the case of military aircraft travel the U.S. Government acts only as agent and not as contracting carrier, and that my U.S. passport and those of any accompanying family members listed above will be amended to limit its validity until my debt has been repaid in full.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PRIVACY ACT STATEMENT

The information is requested under the authority of 22 USC 2653/2671 and furnishing it is voluntary. The principal purpose of the information is to provide an accurate list of Americans being evacuated from foreign countries in times of crises and to assist in collection of expenses incurred by the U.S. Government in evacuating U.S. citizens. All copies of the form are destroyed after payment of the Promissory Note. If the requested information is not provided, an American citizen would still be provided assistance. In addition, the individual's passport could still be limited for failure to repay any debts.

(SEAL)

\*Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: Department of State (DIS/RA/DR) Washington, D.C. 20520-0284, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (1405-0054), Washington D.C. 20503.